No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 16 1948
Registration District No. 310

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30756
Primary Registration District No. 6057-3058
Registrar's No. 176

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital D (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community one day years, months or days)

2. USUAL RESIDENCE OF DECEASED: 92
(a) State Missouri (b) County St. Charles 0
(c) City or town St. Paul (If outside city or town limits, write "RURAL")
(d) Street No. --------- (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country --------

3. (a) PRINT FULL NAME Frank Miller
3. (b) If veteran, name war -------
3. (c) Social Security No. --------
4. Sex M D
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Francis Miller
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased January (Month) 13 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	7	13	------- hr. ------ min.

9. Birthplace St. Charles Co. Mo. D (City, town, or county) (State or foreign country)
10. Usual occupation Farm Work
11. Industry or business ------
FATHER
12. Name Frank Miller
13. Birthplace not known 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Kemper
15. Birthplace not known 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Francis Miller
(b) Address St. Paul Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Mo.
18. (a) Signature of funeral director E A Kettley
(b) Address O'Fallon Mo.
19. (a) Sept 2-48 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 year 1948 hour 10 minute 15 A M.
21. I hereby certify that I ~~attended the deceased from~~ held inquest Aug. 26th 48, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death gunshot wound	
Due to accidental discharge jury's verdict	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: 130
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Aug. 26th, 1948
(c) Where did injury occur? St. Chas. Cty. (City or town) Misouri (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no- (e) Means of injury gunshot wound 3
23. Signature Marie Mischam Conner (M.D. or other)
Address Wentzville Mo. Date signed 8-26-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 10 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed E A Keithley

Licensed Embalmer No. 822

P. O. Address O'Fallon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.